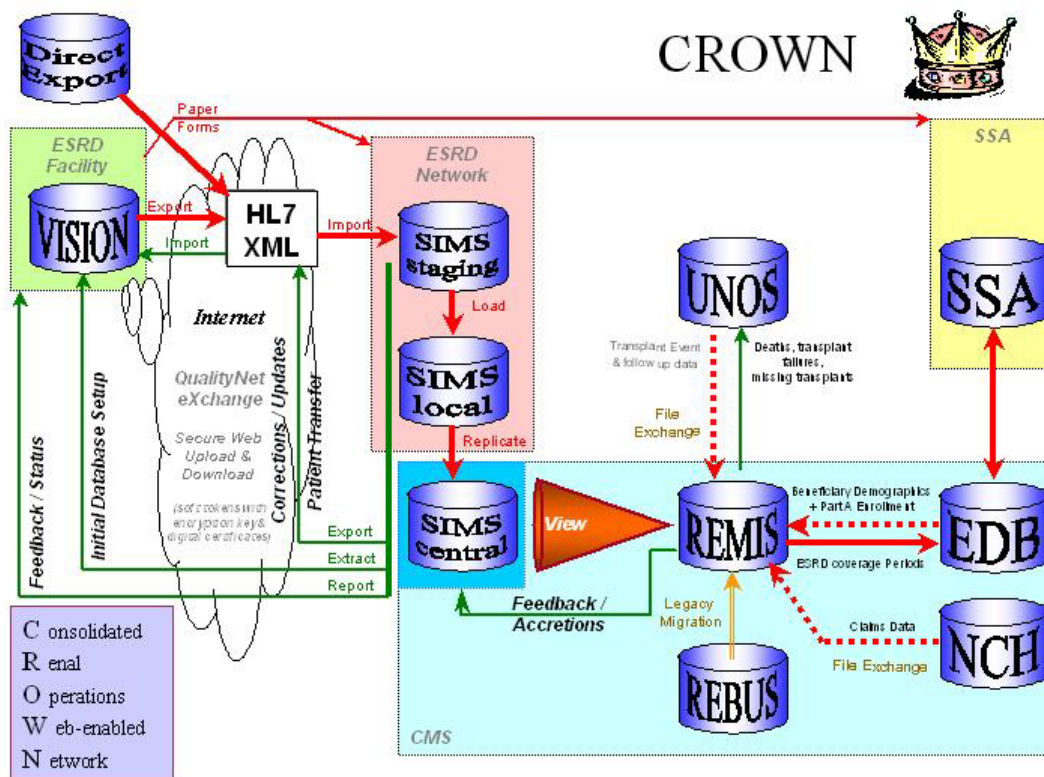




The Centers of Medicare & Medicaid Services (CMS) is continuing to expand on its initiative to integrate the End Stage Renal Disease (ESRD) systems. In support of this initiative, CMS authorized the design and implementation of the Consolidated Renal Operations in a Web-Enabled Network (CROWN) for the ESRD User Community.

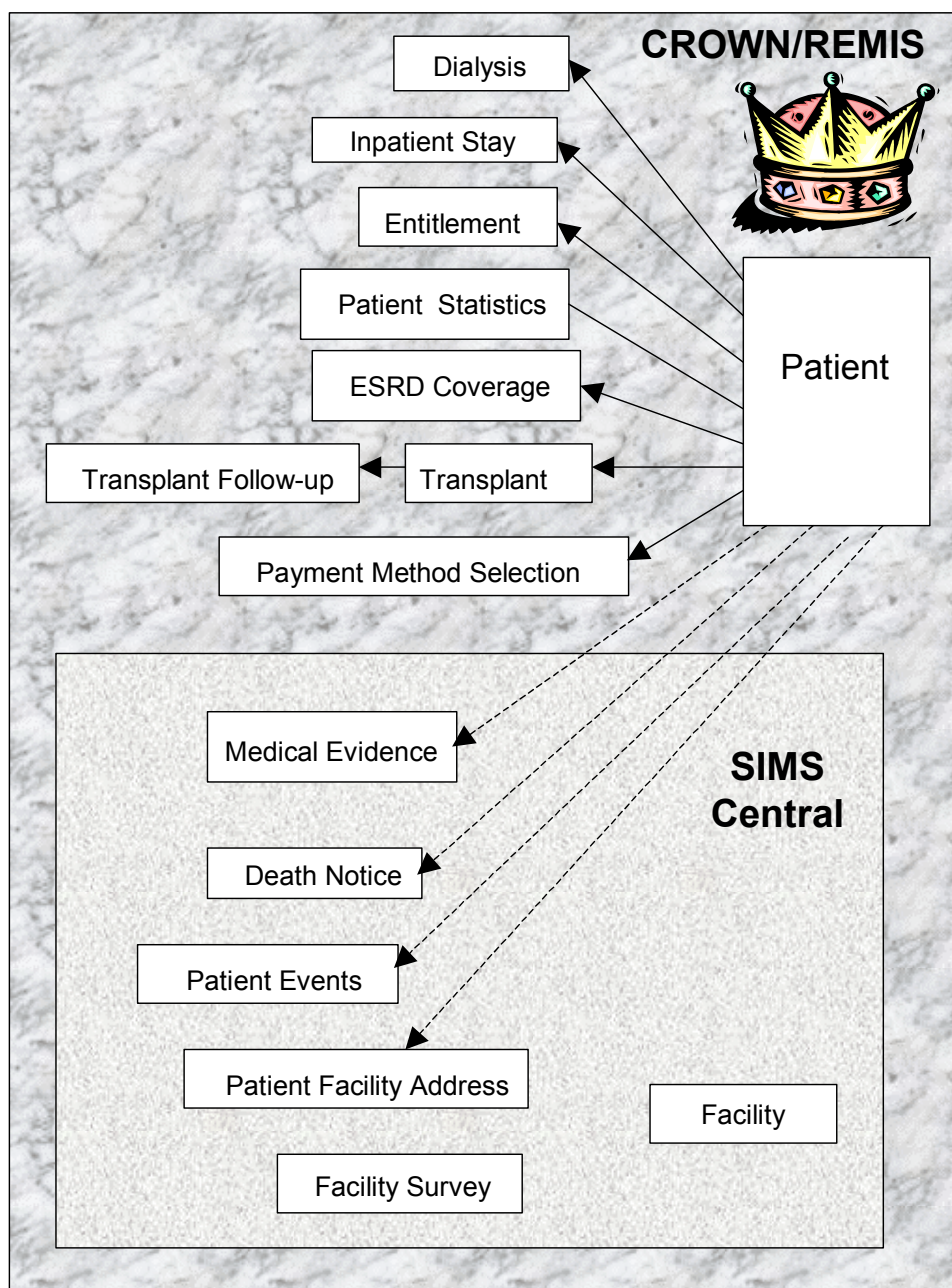
The ESRD systems being integrated under CROWN includes:



- The **Vital Information System to Improve Outcomes in Nephrology (VISION)**, supporting electronic data entry and encrypted transmission of ESRD patient and facility data to the Networks via a secure, web-enabled environment called "QualityNet Exchange";
- The **ESRD Standard Information Management System (SIMS)**, which supports the business processes of the ESRD Network Organizations and provides communication and data exchange links among the Networks, the facilities, and CMS, via the QualityNet Exchange; and
- The **Renal Management Information System (REMIS)**, to replace the existing Renal Beneficiary and Utilization System (REBUS), which determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access information in the ESRD Program Management and Medical Information System Database. REMIS includes an operational interface to the SIMS Central Repository.



The CROWN/REMIS Patient information, described in this document includes: Patient Details, Death Notice (via SIMS interface), Dialysis, ESRD Coverage, Entitlement, Inpatient Stay, Medical Evidence (via SIMS interface), Patient Events (via SIMS interface), Payment Method Selection, Transplant and Transplant Follow-up. All CROWN/REMIS information about Facilities and Facility Surveys, also described here, is via the SIMS interface.





Patient

Displays patient detail information. A patient is any person receiving benefits due to renal related disease.

- ☐ **HIC NUM:** Health insurance claim number.
- ☐ **BIC:** Beneficiary identification code
- ☐ **SSN:** Social Security Number (up to five occurrences).
- ☐ **SIMS UPI:** SIMS unique patient identifier.
- ☐ **Last Name:** Patients last name.
- ☐ **First Name:** Patient's first name.
- ☐ **Middle Initial:** Patients middle initial.
- ☐ **Gender Code:** Patient's gender.
- ☐ **Birth Date:** Date of birth.
- ☐ **REMIS DOD:** REMIS date of death.
- ☐ **EDB DOD:** EDB date of death.
- ☐ **Death Source:** Source of death notification.
- ☐ **Death Indicator:** Indicates whether patient is still living.
- ☐ **Race:** Patient's race.
- ☐ **Network:** Network number.
- ☐ **Primary Diagnosis:** Primary cause of ESRD.
- ☐ **Primary Provider:** Primary provider of renal services.
- ☐ **Collisions:** Created as a result of a failure to match trailer records with the correct patient record. Creates new patient record if a correct match is not found.
- ☐ **IDEN Reason Code:** Reason patient record exists.
- ☐ **Entitlement Reason:** Reason for a patients entitlement.
- ☐ **Medicare Status:** Reason for Medicare entitlement.
- ☐ **HMO Status:** Level of HMO participation.
- ☐ **EDB Zip Code:** 12 digit EDB zip code.
- ☐ **SSA County Code:** 3 digit county code.
- ☐ **Patient Source:** Original source of the patient record.
- ☐ **SIMS Temp ID:** Temporary SIMS ID generated by REMIS.
- ☐ **Refresh Fail Date:** Date record failed to update EDB.
- ☐ **Refresh Fail Count:** EDB record update failure count.
- ☐ **Synch Request:** Update coverage period with current record.
- ☐ **Refresh Request:** Update EDB with current record.
- ☐ **Comments:** General comments about this record.

Death Notice

Displays information commonly captured on form HCFA-2746. The information displayed on this screen is based on a view of the SIMS Form2746 table.

- ☐ **SIMS UPI:** SIMS unique patient identifier.
- ☐ **Network:** Network submitting the form.
- ☐ **Name:** Full name of the deceased patient.
- ☐ **HIC Num:** Health insurance claim number.
- ☐ **Gender:** Patient's gender.



- ☐ **State:** Patient's state of primary residence at the time of 2746 filing.
- ☐ **Birth Date:** Patient's date of birth.
- ☐ **Death Date:** Patient's date of death.
- ☐ **ESRD Facility:** Name of the dialysis provider where the patient was receiving care at the time of 2746 filing.
- ☐ **Prov Addr1:** 1st line of provider's street address.
- ☐ **Prov Addr2:** 2nd line of provider's street address.
- ☐ **Prov City:** City name.
- ☐ **Prov Zip:** Zip code.
- ☐ **Provider Num:** Medicare assigned dialysis provider number.
- ☐ **Facility Num:** System defined facility code.
- ☐ **Place of Death:** Location at which this patient expired.
- ☐ **Autopsy?:** Indicates whether an autopsy was performed.
- ☐ **Primary Cause of Death:** Primary cause of death.
- ☐ **Secondary Cause of Death:** Secondary cause of death (up to four occurrences).
- ☐ **Dialysis Discontinued?:** Dialysis discontinued prior to death.
- ☐ **Dialysis Stopped Reason:** Reason patient stopped dialyzing.
- ☐ **Received Transplant?:** Transplant received prior to death.
- ☐ **Transplant Date:** Date of transplant.
- ☐ **Kidney Functioning?:** Indicates whether the kidney was functioning at time of death.
- ☐ **Physicians Last Name:** Last name of this patient's physician.
- ☐ **Physicians First Name:** First name of this patient's physician.
- ☐ **Signed Date:** Date form was signed.
- ☐ **Signed Form?:** Indicates whether the physician signed the form.

Dialysis

Dialysis information relevant to the renal beneficiary. Includes dialysis type, dates of treatment, and EPO information. The record also contains aggregated information by provider for all dialysis claims received during a quarter.

- ☐ **From Date:** Date of this Dialysis session.
- ☐ **To Date:** Date of this Dialysis session.
- ☐ **Provider ID:** 10 digit Provider identification number.
- ☐ **Type:** Type of dialysis received (e.g., Hemo, IPD, CCPD, etc.).
- ☐ **Setting:** The site where patient had dialysis (e.g., Home, Dialysis Facility, etc.).
- ☐ **Year:** Year dialysis performed, as indicated on the dialysis record.
- ☐ **Qtr:** Calendar quarter when dialysis occurred, as indicated on the dialysis record.
- ☐ **Sessions:** Number of dialysis sessions.
- ☐ **Charge:** Total dialysis charges aggregated for this period.
- ☐ **Bill:** Code indicating how dialysis bill was created (inpatient bill, etc.).
- ☐ **EPO First Dosage:** Date first administered EPO.
- ☐ **EPO Charges:** Beneficiary EPO charges
- ☐ **EPO Admin:** Number of EPO administrations patient received.



ESRD Coverage

End-Stage Renal Disease (ESRD) coverage information for a renal beneficiary.

- ☐ **Start Date:** Coverage start date.
- ☐ **Start Reason Code:** Code indicating the reason surrounding the initiation of ESRD coverage for this beneficiary.
- ☐ **Termination Date:** Date ESRD coverage recorded as being terminated for this beneficiary.
- ☐ **Termination Reason Code:** Code indicating the reason for the termination of ESRD coverage for this beneficiary.

Medicare Entitlement

Displays general patient entitlement information (Type, Start and Termination Date). Additional information concerning specific renal and entitlement-related events are also presented.

- ☐ **Part:** Patient's entitlement is part A or part B (or both).
- ☐ **Start Date:** Date the entitlement began for the patient.
- ☐ **Termination Date:** Date entitlement period set to end for the patient.
- ☐ **Current Entitlement Reason:** Current reason patient entitled to medicare benefits.
- ☐ **Original Entitlement Reason:** Original reason for patient's entitlement to medicare benefits.
- ☐ **Medicare Status Code:** Reason for medicare entitlement as of a point of time.
- ☐ **Most Recent Setting:** Most current (date of service) service provided to the patient.
- ☐ **Most Recent ME Date:** Date of patient's signature on the most recent medical evidence form for this patient.
- ☐ **Dialysis First Date:** First date of dialysis recorded for this patient.
- ☐ **Most Recent Transplant Date:** Date of latest known transplant for this patient.
- ☐ **Most Recent Transplant Status:** Last known status of the transplant.
- ☐ **Number of Transplants:** Number of transplants this patient has received.
- ☐ **First ESRD Service:** Earliest known ESRD service (Dialysis or Transplant) provided to this patient.
- ☐ **Is Patient Enrolled in an HMO?:** Indicates whether the patient is (or has ever been) enrolled in an HMO.

Inpatient Stay

Each record represents a hospital stay for beneficiaries who were hospitalized for more than one day. A beneficiary may have more than one inpatient stay record depending on the number of stays.

- ☐ **Start Date:** Date patient entered hospital, as indicated on the Inpatient Stay record.
- ☐ **End Date:** Last day of patients stay at the hospital for this inpatient event.
- ☐ **Provider:** Provider identification number.
- ☐ **Dialysis Indicator:** Indicates whether the patient received dialysis treatment during this stay.
- ☐ **Diagnostic Type Code:** Diagnostic code(s) recorded for this stay, if applicable.



- ☐ **Surgery Code:** Surgery code(s) recorded for this stay, if applicable.

Medical Evidence

Contains data elements concerning dialysis, transplant, and self-care training collected from the HCFA-2728 ESRD Medical Evidence Report form. A beneficiary may have one medical evidence record for each period of ESRD entitlement. An HCFA-2728 is completed by the provider within 45 days of when the patient has been determined to have ESRD and is signed by the physician after a patient's regularly scheduled course of therapy begins.

- ☐ **SIMS UPI:** SIMS unique identifier.
 - ☐ **1 - Last Name:** Patient's last name.
 - ☐ **1 - First Name:** Patient's first name.
 - ☐ **1 - Middle Initial:** Patient's middle initial.
 - ☐ **1 - Suffix:** Suffix (e.g., Jr., Sr., etc.) if applicable.
 - ☐ **4 - Addr1:** Patient Street Address 1.
 - ☐ **4 - Addr2:** Patient Street Address 2.
 - ☐ **4 - City:** Patient City Address.
 - ☐ **4 - State:** Patient State of Residence.
 - ☐ **47 - Attending Physician Sign Date:** Date the attending physician signed the 2728.
 - ☐ **9 - Race:** Patient's race
 - ☐ **8 - Ethnicity:** Contains the patient's ethnicity based on ethnicity categories.
 - ☐ **5 - Phone:** Patient's Phone Number.
 - ☐ **2 - HIC Num:** Current health insurance claim number under which the patient is entitled to benefits.
 - ☐ **3 - SSN:** 9 digit Social Security Number.
 - ☐ **7 - Gender:** Patient's gender.
 - ☐ **6 - Birth Date:** Patient's date of birth.
 - ☐ **4 - Zip Code:** Patient's zip code at time of 2728 entry.
 - ☐ **10 - Medical Coverage:** Indicates where the patient is receiving medical coverage from, if at all (i.e., Group Health Plan, VA facility, Medicaid, No Insurance, etc.)
 - ☐ **11 - Applying for Medicare:** Indicates whether the patient is applying for ESRD Medicare.
 - ☐ **11 - SSA Office Addr1:** Social Security Address Line 1.
 - ☐ **11 - SSA Office Addr2:** Social Security Address Line 2.
 - ☐ **11 - SSA Office City:** Social Security Address City.
 - ☐ **11 - SSA Office State:** Social Security Address State.
 - ☐ **11 - SSA Office Zip Code:** Social Security Address zip code.
 - ☐ **12 - Primary Diagnosis:** Primary cause of end stage renal disease for this patient. Combination of diagnosis code and trailer.
 - ☐ **13 - Height:** Patient's height (in centimeters).
 - ☐ **17 - EPO:** Indicates whether erythropoietin(EPO) was administered to the patient prior to dialysis treatments or kidney transplant.
 - ☐ **14 - Weight:** Patient's weight (in kilograms).
 - ☐ **15 - Employment Status (prior-current):** Prior and known current employment status of the patient.
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- ☐ **16 - Co-Morbid Condition:** Indicates any accompanying life threatening ailments the patient suffers(ed)from at the time of the 2728 filing.
 - ☐ **19 - Dialysis Provider:** Indicates the Medicare assigned dialysis provider number where the patient is receiving care at the time of 2728 filing.
 - ☐ **20 - Dialysis Facility Number:** Code assigned to each unique facility.
 - ☐ **21 - Dialysis Setting:** Anticipated long term treatment setting for this patient at the time the 2728 is being completed.
 - ☐ **22 - Dialysis Type:** Anticipated long term primary type of dialysis for this patient at the time the 2728 is being completed.
 - ☐ **23 - Date Dialysis Began:** Date that a regular course of dialysis began for this patient.
 - ☐ **24 - Date Patient Started at Current Facility:** Date Patient Started at Current Facility.
 - ☐ **25 - Date Patient Stopped:** Date patient stopped dialysis therapy.
 - ☐ **26 - Death Date:** Date patient expired.
 - ☐ **27 - Transplant Date:** Date the transplant was performed.
 - ☐ **28 - Transplant Hospital:** Name of the hospital where transplant performed.
 - ☐ **29 - TX Hospital Provider Num:** Medicare assigned provider number of the transplant hospital where the patient received a kidney transplant at the time of 2728 filing.
 - ☐ **30 - Date Patient Admitted:** Date patient was admitted to the hospital.
 - ☐ **31 - TX Prep Hospital Name:** Name of the provider where the patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant at the time of 2728 filing.
 - ☐ **32 - TX Prep Hospital Prov Num:** Medicare assigned provider number where the patient was admitted as an inpatient in preparation for, or anticipation of, a kidney transplant at the time of 2728 filing.
 - ☐ **33 - Transplant Status:** Status of the transplant at the time of 2728 filing.
 - ☐ **34 - Date Returned to Dialysis:** Date the patient returned to dialysis.
 - ☐ **35 - Treatment Site:** The current dialysis treatment site of this patient after a transplant rejection at the time of 2728 filing.
 - ☐ **36 - Training Provider Name:** Name of dialysis training provider.
 - ☐ **37 - Training Provider Number:** IThe Medicare assigned provider number of the provider furnishing self-care dialysis training at the time of 2728 filing.
 - ☐ **38 - Date Training Began:** Date self-dialysis training ended.
 - ☐ **39 - Self Dialysis Training Type:** The type of self-dialysis training the patient began at the time of 2728 filing.
 - ☐ **40 - Training Completion Indicator:** Indicates whether or not the physician certifies that the patient is expected to complete the training successfully and self-dialysis on a regular basis.
 - ☐ **41 - Dialysis Training End Date:** Date self-dialysis training ended.
 - ☐ **Training Physician Name:** Name of the physician familiar with the patient's self-care dialysis training.
 - ☐ **Training Physician UPIN:** Unique Physician Identification Number (UPIN) of the attending physician or the physician familiar with the patient's self-care dialysis training.
 - ☐ **44 - Attending Physician First Name:** First name of the physician attending this patient at the time of the 2728 filing.
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- ☐ **44-Attending Physician Last Name:** Last name of the physician attending this patient at the time of the 2728 filing.
- ☐ **45 - Attending Physician Phone Num:** Phone number of the physician attending this patient at the time of the 2728 filing.
- ☐ **46 - Attending Physician UPIN:** Unique Physician Identification Number (UPIN) of the attending physician or the physician familiar with the patient's self-care dialysis training.
- ☐ **47 - Attending Physician Signature:** Signature of the physician attending this patient at the time of the 2728 filing.
- ☐ **51 - Date Patient Signed:** Date the patient signed the 2728.
- ☐ **52 - Network Confirmation:** Indicates whether or not the Network confirmed this patient as ESRD.
- ☐ **54 - Network Action Date:** Date the Network took action on this 2728 form.
- ☐ **55 - Network:** Network number of the ESRD network submitting this patient's 2728.
- ☐ **ESRD Cert Decision:** Basis for the decision regarding how the patient was confirmed as ESRD.
- ☐ **49 - Remarks:** Any miscellaneous remarks from the bottom of the 2728.
- ☐ **Form Receive Date:** Date the Network received the 2728 form for this patient.
- ☐ **Form Transmit Date:** Date this 2728 form was transmitted to the SIMS Central Repository.
- ☐ **Death Form Accuracy Ind.:** Indicates whether or not the form passed the accuracy test.
- ☐ **Death Form Timeliness Ind.:** Indicates if the form was received within CMS timeliness guidelines.
- ☐ **Date Death Form Returned:** Date the form was returned to the facility for incomplete information.
- ☐ **Date Revised Death Form Recv'd:** Date the completed/correct form was returned to the facility.
- ☐ **Death Form Errors:** Indicates the error(s) that display on the compliance report.
- ☐ **Reject Report:** Indicates whether or not a reject report should be generated for this form.
- ☐ **Supplemental Form Ind.:** Indicates whether or not this form is a supplemental form.
- ☐ **International Mail:** Indicates whether or not the patient address is an international address.
- ☐ **Training Phys Last Name:** Last name of the dialysis training physician.
- ☐ **Training Phys First Name:** First name of the dialysis training physician.
- ☐ **Prior Facility Code:** Prior facility code associated with this patient, if applicable.
- ☐ **Transplant Facility Code:** Facility code of the facility where transplant performed.

Patient Event

Displays key event information (e.g., Transplant, Death, etc.) for the renal patient. Event information is displayed in reverse chronological order.

- ☐ **SIMS UPI:** Unique identifier for this patient as stored in SIMS.
- ☐ **Event Date:** Date the event occurred.
- ☐ **Form Receive Date:** Date the form was received reporting this event.



- ☐ **Provider:** Medicare assigned dialysis provider number that reported this patient event.
- ☐ **Event:** Type of event (e.g., Transfer In, Transplant, New ESRD, etc.) reported.
- ☐ **Network:** Network number.
- ☐ **Modality:** Modality of the patient at the time of the event (e.g., CAPD, CCPD, In-Center Hemo, etc.).
- ☐ **Comments:** Observations recorded regarding this particular event.

ESRD Payment Method Selection

Contains information pertaining to the selected payment method for home dialysis supplies.

- ☐ **Option Year:** The year the selected method goes/went into effect.
- ☐ **Method Selection:** Indicates if Patient chose Method I (ESRD Facility will supply all the equipment and supplies necessary for me to dialyze at home) or Method II (I will deal directly with one supplier for my home dialysis supplies and equipment).
- ☐ **DX Type:** Type of dialysis performed.
- ☐ **CWF Host:** Host name where method selection record originated.
- ☐ **Provider:** Provider number.
- ☐ **Intermediary:** Contractor who keyed the current method selection.
- ☐ **Selection Date:** Date the form was signed.

Transplants

Displays all pertinent transplant information for this patient.

- ☐ **Donor Type:** Code indicating if the Donor of the Kidney was a cadaver, living, or foreign (import).
- ☐ **TX Date:** Date the patient had the transplant.
- ☐ **TX Provider ID:** Identification number of the provider responsible for providing transplant service.
- ☐ **Cadaver TX Type:** Indicates if the Cadaver Donor Kidney was was acquired from a local source.
- ☐ **Donor Age:** Age of donor.
- ☐ **Donor Gender:** Donor's gender.
- ☐ **Donor ID:** Unique ID assigned to each donor.
- ☐ **Race Code:** Patients race.
- ☐ **Living Donor Related:** Indicates the relationship of the Donor to the patient.
- ☐ **Living Related:** This field indicates whether the donor was living and related to the patient.
- ☐ **Transplant Fail Date:** Date the transplant failed, if applicable.
- ☐ **TX IP IND:** Indicates whether transplant and/or inpatient stay records are posted for this patient.
- ☐ **TX Stay Days:** Number of days the patient stayed at the facility.
- ☐ **CMS Temp ID:** Temporary ID number assigned to a transplant record not originating from UNOS or a billing record.
- ☐ **UNOS PX ID:** UNOS Transplant Identifier.
- ☐ **UNOS TRR ID:** Unos Transplant Identifier.



- ☐ **UPIN:** Unique Physician Identifier.
- ☐ **Comments:** Observations recorded pertaining to this transplant record.
- ☐ **Record Status:** Indicates whether the record is currently in the REMIS Staging area or whether it has passed the edit checks/business rules and has been promoted to Production.

Transplant Follow Up

Patient transplant followup records as reported by UNOS.

- ☐ **Death Cause Code:** Cause of death.
- ☐ **UNOS Period:** UNOS followup period for the patient.
- ☐ **Acute Rej:** Acute rejection a contributing reason for graft failure.
- ☐ **Dialysis Date:** Last date of maintenance dialysis.
- ☐ **Death Date:** Date patient died as recorded on followup record.
- ☐ **Dialysis Performed:** Dialysis performed during followup period.
- ☐ **Fail Dialysis:** Patient resumed maintenance dialysis.
- ☐ **Fail Other:** Reason other than dialysis indicating graft failure.
- ☐ **Fail TX:** Transplant due to graft failure.
- ☐ **Graft Fail:** Indicates graft failure.
- ☐ **Graft Fail Date:** Date graft failure occurred.
- ☐ **Lost to TXFU Date:** Last date patient was seen.
- ☐ **Period:** The period when the Followup occurred (Older pre-UNOS records only).
- ☐ **Pt Living:** Patient still living.
- ☐ **Pt Lost:** Patient lost to followup.
- ☐ **TX Date:** Transplant date.
- ☐ **Fu Va:** Facility is a Veterans Affairs Center.
- ☐ **Functional Status:** Kidney functioning at FollowUp.
- ☐ **ICU:** Patient has been in an intensive care unit since last followup.
- ☐ **IM Other:** Other Immunosuppression.
- ☐ **Pat Status Date:** Patient Status date.
- ☐ **Patient Status:** Current status of patient.
- ☐ **Primary Transplant Fail:** Primary cause of transplant failure.
- ☐ **Record Status:** Indicates whether the record is currently in the REMIS Staging area or whether it has been promoted to Production.
- ☐ **Provider ID:** Identification number of the provider providing transplant.
- ☐ **UNOS Primary Fail:** Reason for graft failure, as identified by UNOS.
- ☐ **UNOS PX ID:** UNOS unique record identifier.
- ☐ **UPIN:** Unique Physician Identification Number.
- ☐ **UNOS TRR ID:** UNOS unique record identifier.

Patient Facility Address

Displays address information for ESRD facilities.

- ☐ **Facility ID:** ID number for this facility.
- ☐ **Date Saved:** Date that the facility record was saved.
- ☐ **Provider Number:** CMS assigned provider number for this facility.



- ☐ **Facility:** Facility name.
- ☐ **Facility Code:** Code assigned by the Network to each unique facility.
- ☐ **Addr1:** First line of the physical location of the facility.
- ☐ **Addr2:** Second line of the physical location of the facility.
- ☐ **City:** Name of the city where this facility is located.
- ☐ **State:** Name of the state where this facility is located.
- ☐ **Zip:** 12 digit facility zip code.
- ☐ **Phone:** Facilities phone number.
- ☐ **Fax:** Facilities fax number.

Facility

Displays information specific to the facility providing renal services.

- ☐ **Provider Number:** CMS assigned number.
- ☐ **Facility Type:** Type of facility unit associated with.
- ☐ **Certification:** Services certified to perform.
- ☐ **Facility Code:** Code assigned by the Network.
- ☐ **Region:** Region facility located.
- ☐ **Alt Provider Number:** Alternate provider number.
- ☐ **Provider Type:** Type of unit.
- ☐ **Network:** Provider network.
- ☐ **Affiliations:** Affiliated with a chain or is independent.
- ☐ **Facility Name:** Facility name.
- ☐ **International:** Non-U.S. facility.
- ☐ **Number of TTS Shifts:** Number of TTHS shifts offered.
- ☐ **Addr1:** 1st line of address (physical).
- ☐ **Number of MWF Shifts:** Number of MWF shifts offered.
- ☐ **Addr2:** 2nd line of address (physical).
- ☐ **Number of Hemo Stations:** Total number of Hemo stations.
- ☐ **Profit Status:** Profit status (non-profit, for-profit).
- ☐ **City:** City name (physical).
- ☐ **Unit Status:** Hospital-based or free-standing.
- ☐ **State:** State name (physical).
- ☐ **Zip:** 12 digit zip code.
- ☐ **Date Closed:** Date facility closed.
- ☐ **County:** County code (physical).
- ☐ **Date Certified:** Date facility certified.
- ☐ **Mail International:** International mailing address.
- ☐ **Date Opened:** Date facility opened.
- ☐ **Mailing Addr1:** 1st line of address (mailing).
- ☐ **Email:** E-mail address.
- ☐ **Mailing Addr2:** 2nd line of address (mailing).
- ☐ **Fax:** Fax number.
- ☐ **Mailing City:** City name (mailing).
- ☐ **Phone:** Phone number.
- ☐ **Mailing State:** State name (mailing).



- ☐ **Mailing Zip:** 12 digit zip code (mailing).

Facility Survey

Displays the activities performed at a facility during a calendar year as well as aggregate year-end population counts for both Medicare beneficiaries and non-Medicare patients. The data elements include basic provider information such as provider certification and type of ownership; aggregated dialysis patient data such as the number of patients, number of deaths, and number of patients receiving different types of dialysis; dialysis treatment data; kidney transplant data such as number of transplants, type of transplants, and number of patients awaiting transplants; and the total number of each method used to obtain kidneys for transplants. The accuracy of the Facility Survey depends on complete reporting by each facility and full reporting by all facilities.

- ☐ **Provider Number:** CMS assigned provider number for this facility.
- ☐ **Survey Year:** Indicates the Survey year for this 2744.
- ☐ **Network:** Network number of the ESRD network submitting this 2744.
- ☐ **Signed by:** Name of the person the 2744 was completed by (signature).
- ☐ **Signed date:** Date the 2744 form was signed.
- ☐ **Signed Title:** Title of person signing the 2744 form.
- ☐ **Signed Phone:** Telephone number of person signing the 2744 form.
- ☐ **Verified by:** Name of the person that the 2744 was verified by (signature).
- ☐ **Verified Date:** Date the 2744 form was verified.
- ☐ **Verified Title:** Title of person verifying the 2744.

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***** PART ONE -- DIALYSIS *****;

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PATIENTS RECEIVING CARE BEGINNING OF SURVEY PERIOD (#01 to #03):

- ☐ **01 - Outpatient:** Number of In-unit patients, 1st field of patients receiving care beginning of survey period.
- ☐ **02 - Home:** Number of home patients at beginning of survey period.
- ☐ **03 - Total Fields 01thru 02:** Total Beginning Patients (Outpatient(01) + Home(02))

ADDITIONS DURING SURVEY PERIOD (#04 to #07):

- ☐ **04A - Outpatient - Started for first time ever:** Number of patients who started for first time ever in unit.
- ☐ **04B - Home - Started for first time ever:** Number of patients who started for first time ever at home.
- ☐ **05A - Outpatient - Restarted:** Number of patients who restarted in-Unit.
- ☐ **05B - Home - Restarted:** Number of patients who restarted at home.
- ☐ **06A - Outpatient - Transferred from other dialysis unit:** Number of patients who transferred in from another dialysis unit-in unit.
- ☐ **06B - Home - Transferred from other dialysis unit:** Number of patients who transferred in from another dialysis unit-home.
- ☐ **07A - Outpatient - Returned after transplantation:** Number of patients returned after transplantation in-unit.



☐ **07B - Home - Returned after transplantation:** Number of patients returned after transplantation-home.

LOSSES DURING SURVEY PERIOD (#08 to #13):

☐ **08A - Outpatient Deaths:** Number of patient deaths-in unit.

☐ **08B - Home Deaths:** Number of patient deaths-home.

☐ **09A - Outpatient - Recovered kidney function:** Number of patients who recovered kidney function-in unit.

☐ **09B - Home - Recovered kidney function:** Number of patients who recovered kidney function-home.

☐ **10A - Outpatient - Received transplant:** Number of patients who received transplant-in unit.

☐ **10B - Home - Received transplant:** Number of patients who received transplant-home.

☐ **11A - Outpatient - Transferred to other dialysis unit:** Number of patients transferred to another dialysis unit-in unit.

☐ **11B - Home - Transferred to other dialysis unit:** Number of patients transferred to another dialysis unit-home.

☐ **12A - Outpatient - Discontinued dialysis:** Number of patients who discontinued dialysis-in unit.

☐ **12B - Home - Discontinued dialysis:** Number of patients who discontinued dialysis-home.

☐ **13A - Outpatient - Other LTFU:** Number of OTHER (LTFU)-in unit.

☐ **13B - Home - Other LTFU:** Number of OTHER (LTFU)-home.

PATIENTS RECEIVING CARE AT END OF SURVEY PERIOD (#14 to #26):

☐ **14 - Outpatient Dialysis - Hemo Dialysis:** Number outpatient Hemo dialysis patients.

☐ **15 - Outpatient Dialysis - IPD:** number outpatient IPD dialysis patients.

☐ **16 - Self-Dialysis Training - Hemo Dialysis:** Number Self-Dialysis - Training Hemodialysis patients.

☐ **17 - Self-Dialysis Training - IPD:** Number Self-Dialysis - Training IPD patients.

☐ **18 - Self-Dialysis Training - CAPD:** Number Self-Dialysis - Training CAPD patients.

☐ **19 - Self-Dialysis Training - CCPD:** Number Self-Dialysis - Training CCPD patients.

☐ **20 - Total Outpatient Dialysis - Fields 14 thru 19:** Total number of outpatient dialysis patients.

☐ **21 - Home Dialysis - Hemo Dialysis:** Number Home Dialysis Hemodialysis patients.

☐ **22 - Home Dialysis - IPD:** Number Home Dialysis IPD patients.

☐ **23 - Home Dialysis - CAPD:** Number Home Dialysis CAPD patients.

☐ **24 - Home Dialysis - CCPD:** Number Home Dialysis CCPD patients.

☐ **25 - Total Home Dialysis - Fields 21 thru 24:** Total number of home dialysis patients.

☐ **26 - Total Patients - Fields 20 and 25:** Total number of patients (Outpatient + Home) for this facility.

PATIENT ELIGIBILITY STATUS END OF SURVEY PERIOD (#27 to #29):



- ☐ **27 - Currently enrolled in Medicare:** Total number of patients currently enrolled in Medicare at the end of the survey period.
- ☐ **28 - Medicare application pending:** Total number of patients Medicare application pending as of the end of the survey year.
- ☐ **29 - Nonmedicare:** Total number of patients that are not enrolled in Medicare and who did not have applications pending at the end of the survey period.

SELF-DIALYSIS COMPLETING TRAINING (#30 to #33):

- ☐ **30 - Hemo Dialysis:** Total number of patients that completed Hemodialysis training during the survey period at this facility.
- ☐ **31 - IPD:** Total number of Patients that completed IPD training during the survey period at this facility.
- ☐ **32 - CAPD:** Total number of Patients that completed CAPD training during the survey period at this facility.
- ☐ **33 - CCPD:** Total number of Patients that completed CCPD training during the survey period at this facility.

TRANSIENT PATIENTS (#34 to #35):

- ☐ **34 - Treated during survey period:** Total number of transient Outpatients treated at this facility during the survey period.
- ☐ **35 - Number of outpatient treatments during survey period:** Total number of outpatient transient treatments provided at this facility during the survey period.

OUTPATIENT DIALYSIS TREATMENTS (#35 to #37):

- ☐ **36 - Hemodialysis:** Total number of staff assisted outpatient Hemodialysis treatments that were provided at this facility during the survey period.
- ☐ **37 - IPD:** Total number of staff assisted outpatient IPD treatments that were provided at this facility during the survey period.

DIALYSIS TRAINING TREATMENTS (#38 - #41):

- ☐ **38 - Hemodialysis:** Total number of hemo training treatments that were provided at this facility during the survey period.
- ☐ **39 - IPD:** Total number of IPD training treatments that were provided at this facility during the survey period.
- ☐ **40 - CAPD:** Total number of CAPD training treatments that were provided at this facility during the survey period.
- ☐ **41 - CCPD:** Total number of CCPD training treatments that were provided at this facility during the survey period.

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******* PART TWO -- KIDNEY TRANSPLANTS *****:**

*****:

42 - Patients who received transplant at this facility: Number of patients who received transplants at this facility during the survey period.

ELIGIBILITY STATUS OF PATIENTS TRANSPLANTED AT THIS FACILITY DURING THE SURVEY PERIOD:

- ☐ **43 - Currently enrolled in Medicare:** Patient is currently enrolled in medicare.
- ☐ **44 - Medicare application pending:** Patient's medicare application is pending.
- ☐ **45 - Non-Medicare - US Res.:** Patient in non-medicare, U.S. resident.
- ☐ **46 - Non-Medicare - Other:** Patient is non-medicare, Other (foreign national, etc.).

TRANSPLANTS PERFORMED AT THIS FACILITY:



- ☐ **47 - Living Related Donor:** Kidney donor is related to recipient and still living.
- ☐ **48 - Living Unrelated Donor:** Kidney donor is unrelated to recipient and still living.
- ☐ **49 - Cadaveric Donor:** Kidney donor is dead.
- ☐ **50 - Total Fields 47 thru 49:** Total number of transplants performed at this facility.

PATIENTS AWAITING TRANSPLANT:

- ☐ **51 - Dialysis:** Number of dialysis patients awaiting transplant.
- ☐ **52 - Non-Dialysis:** Number of non-dialysis patients awaiting transplant.

Validation Edits:

- ☐ **2744 Enter Date:** Date the form entered into system.
- ☐ **2744 File Send Date:** Date the file was transmitted to CMS.
- ☐ **Rehab Refer:**
- ☐ **Facility Name:** Name of the facility surveyed.
- ☐ **Balance:**